NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL URE OF STATE AGENCY OFFICIAL: 16. RETURN TO: 12. SI**G**NA Department of Social and Health Services Medical Assistance Administration 13. TYPED NAME: 925 Plum St SE MS: 45530 **DENNIS BRADDOCK** Olympia, WA 98504-5530 14. TITLE: Secretary 15. DATE SUBMITTED: 9/19/02 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: 17. DATE RECEIVED: - 2002 SEP 20 2002 PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROPRIO MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL: 21. TYPED NAME: 22. TITLE: Butlestill ASSOCIATE mu 23. REMARKS:

SUPPPLEMENT 6 TO ATTACHMENT 2.6-A PAGE 1

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT: PAYMENT GROUPS/INCOME LEVELS July 1, 2002

		Gross Income Level	e Standard	SSI Benefit	State Supplement		
Statewide Standard - Living Alone/1							
Individuals:		\$1,635	\$545	\$545	\$0		
Couples: 1. Both individuals eligible:		2,451	817	817	0		
w/o	gible individual ne essential son on rolls ore 1/1/74:	2,454	818	818	0		
with	gible individual i ineligible spouse olled after 1/1/74:	1,635	615	545	70		
/1: Living alone includes room and board living arrangements.							
Statewide Standard - Shared Living (Supplied Housing):							
Individuals:		\$1,090.02	\$363.34	\$363.34	0		
Couples: 1. Both individuals eligible:		1,634.01	544.67	544.67	0		
2. Eli	gible individual w/one essential person on rolls before 1/1/74:	1,636.02	545.34	545.34	0		
3. Eligible individual with ineligible spouse enrolled after 1/1/74:		1,090.02	433.34	363.34	70		

TN: <u>02-018</u>

Approval Date:

Effective Date: 7/1/02

Supersedes TN: 02-004 **REVISION**

SUPPLEMENT 6 TO ATTACHMENT 2.6-A PAGE 2

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT: PAYMENT GROUPS/INCOME LEVELS

July 1, 2002

Gross Income	Gross Income		
Level	Standard	Benefit	Supplement

Statewide Standard - Other Living/1:

Individuals

\$1,635

1,635

545

0

Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home or Group Home. (These are non-Title XIX facilities.)

TN: <u>02-018</u>

Supersedes TN: 02-004

Approval Date:

Effective Date: 7/1/02